

2010 AN

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Received _____
 Official Use Only
RECEIVED
CITY OF VISTA
CITY CLERK'S DEPT.

Please type or print in ink.

11 JUN 13 AM 7:40

2011 MAR -8 PM 2:07

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Aguilera

John

Joseph

1. Office, Agency, or Court

Agency Name

City Council of Vista

Council Member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: Buena Sanitation District

Position: Board Member

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☒ City of Vista☐ Other _____**3. Type of Statement (Check at least one box)**☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.☒ **Assuming Office:** Date 12 / 07 / 10☐ The period covered is ____/____/____, through the date of leaving office.☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ **Schedule A-1 - Investments** - schedule attached☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached☒ **Schedule A-2 - Investments** - schedule attached☒ **Schedule D - Income - Gifts** - schedule attached☐ **Schedule B - Real Property** - schedule attached☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☐ **None - No reportable interests on any schedule****5. Verification**

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

Date Signed

February 28, 2011

(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name John J. Aguilera |
|---|

1. BUSINESS ENTITY OR TRUST

Advanced Financial Solutions

Name
4755 Oceanside Blvd Ste 140, Oceanside CA 92056

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

| | |
|---|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/10 ____/____/10 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|--|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input checked="" type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

N/A

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/10 ____/____/10 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/10 ____/____/10 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/10 ____/____/10 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE D Income – Gifts

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name John J. Aguilera |
|---|

► NAME OF SOURCE
 E-World Recyclers
 ADDRESS (Business Address Acceptable)
 2480 Ash Street Vista CA 92081
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Electronic recycling

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|---------|------------------------|
| 02 / 04 / 11 | \$ 135. | Meet the Leaders for 2 |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| / / | \$ | |
| / / | \$ | |
| / / | \$ | |

Comments: _____